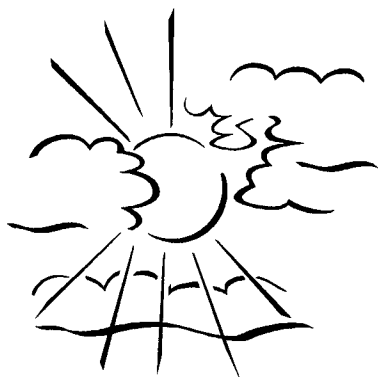


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Monday, October 17, 2005

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Published October 17, 2005

Amnesty plan targets unpaid child support Parents can pay by Dec. 31 to avoid sanctions

By Stacey Range
Lansing State Journal

Parents behind in their child support can avoid criminal and civil sanctions if they pay up by Dec. 31.

The state is offering amnesty to an estimated 600,000 parents of Michigan children who collectively owe \$8.8 billion in delinquent child support.

Parents who agree to pay half of their debt up front and the rest by Dec. 31 will not face penalties such as additional fines, arrests, restrictions on their driver's licenses and liens on property. Felony warrants will not be waived.

"This is an opportunity to get money to kids and for parents to wipe the slate clean," state Rep. Alexander "Sandy" Lipsey said.

Lipsey, D-Kalamazoo, sponsored the bill that became law last year to create the amnesty period. A handful of other states have used similar efforts to collect delinquent payments, but this is Michigan's first time.

As in other states, Michigan's program faces criticism from parents and others. Some say people who are behind on payments either don't have the money at all or can't come up with it on short notice.

Many also complain of other problems in the state child support system.

Jim Semerad, chairman of the DADS of Michigan advocacy group, said 70 percent of the delinquent child support is owed by people earning \$20,000 a year or less.

"They can't afford to pay, and there's no method for them to clear it up," Semerad said.

His group supports the amnesty program, saying it highlights flaws in the system. But Semerad said it clearly favors the wealthy.

"The wealthy are the only ones that can participate in this program," he said. "If you're \$86,000 in arrears, how do you come up with a \$40,000 check?"

Marilyn Stephen, director of the Office of Child Support in the Department of Human Services, said she recognizes the troubles some parents face when they get behind in payments.

She suggests they contact their local Friend of the Court to make arrangements for lower payments.

For the rest, Stephen said, the amnesty project is "an opportunity for parents to do right by their families."

Because the project just started, state officials aren't sure how many parents have signed up.

They also can't predict how much money they will collect.

Maryland offered a two-week amnesty in September and collected nearly \$571,000 from 2,700 parents, according to published reports.

"I'd be happy if we got such a good response," Lipsey said. "That helps a lot in terms of getting money to the kids."

The state also stands to benefit if enough money is collected. That's because the federal government gives money to states for performing well in child support collection and enforcement.

Last year, Michigan collected \$1.4 billion and received \$27 million for it from the federal government. Of that, officials said \$19 million went to county Friend of the Court offices and prosecutors, and the rest stayed at the state level to fund child support activities.

Stephen wasn't sure how much would have to be collected during the amnesty to boost the state's incentives. She said the project is more about getting money for kids than for the state.

"We'd be thrilled if it did impact our incentives, but it wasn't the reason for this," she said.

Lipsev said he'd call the project a success "even if we get just \$5 for a kid. That's still \$5 more than we had."

But he said he expects bigger results.

"I think we'll bring in several million dollars," Lipsey said. "Once parents realize they can come in and wipe the slate clean, they'll do it if they can."

90 days to pay

Parents who owe back child support in Michigan have a 90-day window to clear their name of state criminal and civil enforcement penalties under an amnesty program that began Oct. 1. Here's how it works:

- Payers submit a "Child Support Amnesty Request Form" to the local Friend of the Court office.
- The request must be accompanied by at least half of the past-due support owed. The rest must be paid by Dec. 31.
- Participants will have no criminal or civil penalties enforced during the program, and penalties already assessed will be waived with the exception of felony prosecutions under way or if the payer already has been arrested on failure to pay past due child support.
- To obtain an amnesty request form or get more information, contact the local Friend of the Court office, go to www.michigan.gov/dhs and click on "Child Support," or call (866) 540-0008.

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States unite to collect support payments

LST
10/16

Iowa, Illinois look to stop parents from ducking obligations

By JAN DENNIS

Associated Press

PEORIA, Ill. — Illinois and Iowa officials are teaming up to collect delinquent child support from parents who think they can escape their obligations by moving across state lines. It is the second such operation in the nation.

The Midwestern neighbors opened a jointly staffed office Friday in Rock Island, part of the Quad Cities area that straddles the Mississippi River. Officials say it will speed collections and make it more difficult for parents to duck payments by moving to the other state.

Illinois
is also
working
with
Wisconsin to
collaborate
on child-
support
cases.

Iowa's on-time collections have increased by 3 percent and total child support payments are up 4 percent since the state launched the country's first two-state in Omaha, Neb., 18 months ago, said Roger

Munns, spokesman for the Iowa Department of Human Services.

"Children who receive the child support they're due have many better outcomes in life," said Pam Compton, acting administrator for Illinois' child-support enforcement program.

Illinois is also working with Wisconsin to collaborate on child-support cases and hopes ultimately to build relationships with all bordering states, Compton said.

Officials said the Rock Island office augments national data-sharing networks that help states track delinquent parents.

Some parents try to evade child support by moving out of state, while others are unaware payments have been ordered in another state or need to be prodded to pay, officials said.

Bench warrants issued for nonpayment of child support

Ingham and Eaton counties' Friend of the Court offices issued nearly 301 bench warrants in September against parents who are behind in child-support payments. Those parents are shown in the following list, part of the State Journal's commitment to publish names of deadbeat parents every month, based on warrants issued the previous month. These warrants were active in both counties as of Sept. 30. Some parents may have paid some or all of their debt since then. Some names appear more than once because they have more than one support order. The Clinton County Friend of the Court has refused to cooperate with the State Journal's request, saying that publishing such a list would embarrass the children of the parents named.

www.lsj.com



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► For a searchable database of the list of bench warrants for parents in arrears, go to www.lsj.com

At Clinic, Hurdles to Clear Before Medicaid Care

By RICHARD PÉREZ-PEÑA

The New York Times

Published: October 17, 2005

Atop a rise on Burnside Avenue in the Bronx, the Morris Heights Health Center looms above a bustling stretch of storefronts offering arroz con pollo and cheap clothes. The clinic is a crucial medical safety net for tens of thousands of people, many of them struggling.

It is a place of solace and deliverance and, just as often, futility and frustration, much of it linked to Medicaid, the government insurance program for the poor.

Every day, the clinic sees patients like Crystal T. Shuler, a single mother who has been a Medicaid client several times - and has seen her insurance cut off just as often, for reasons she does not grasp. She comes to Morris Heights, pregnant and without care for months, to make her third recent attempt to enroll. Her first application was rejected for minor mistakes; on her second try, she did not have all the documents she needed to satisfy New York State.

There are also people like Ronald Shinnery, asthmatic and struggling for breath, who embodies an uncomfortable reality for Morris Heights and other communities served by Medicaid: He can be his own worst enemy, ignoring basic paperwork until, for the second time, his insurance expires and his medicine runs out.

Dr. Tomasz Howard's examination of a fifth-grade girl lays bare another chronic problem. He has to explain to her parents that she has an irregular heartbeat, but cannot see a cardiac specialist for almost half a year. New York pays specialists poorly to participate in Medicaid, and many refuse Medicaid patients.

Sixteen months spent inside Morris Heights, listening to patients, clerks, nurses, doctors and administrators, provides a stark education in Medicaid as it is lived at coarse, unpredictable ground level. Those months illuminate Medicaid's sprawling good works, and how they are undermined by inscrutable rules, daunting paperwork, human frailties and, plainly, the puzzling ways New York spends the program's billions of dollars.

For the people who turn to Morris Heights and Medicaid for care, and for those at the clinic who labor to help them, Medicaid's faults and handicaps boil down to three fundamental, dispiriting truths that strike at the heart of its lofty ambitions:

¶People like Ms. Shuler have trouble getting health care through Medicaid because they do not understand the system, especially the enrollment process. That is one reason about one million eligible New Yorkers are not in the program, according to researchers. New York has recently made enrollment easier, yet it still demands more extensive documentation from applicants than any other state, requirements that can thwart qualified people and, according to experts across the political spectrum, do little to prevent fraud.

¶Patients like Mr. Shinnery often neglect their care - a failure of responsibility for some, and for others a symptom of lives so chaotic that receiving mail is no sure thing. They disregard paperwork or wait until they are seriously ill to apply; others skip appointments, tests and medications.

¶Many doctors, particularly specialists, shun patients like the girl with the heart problem, in part because New York ranks at or near the bottom among the states in what it pays doctors to treat people on Medicaid. For a large class of patients, New York pays a specialist \$24 for an office visit, the lowest of any state, while poorer states like Mississippi, West Virginia and North Dakota pay well over \$100, and Medicare in New York City and its suburbs pays around \$200. Medicaid patients at a clinic like Morris Heights thus hunt endlessly for specialists for ailments like diabetes, heart disease and mental illness.

A legacy of Lyndon B. Johnson's Great Society, Medicaid promises that poverty need not consign Americans to live without medical care. It insures more than 50 million people, half of them children, at some \$300 billion a year and rising fast.

New York runs the nation's most extravagant Medicaid program, paying \$44.5 billion per year to care for 4.2 million people - roughly double, per patient, what the rest of the country spends - and state officials boast that it makes a higher percentage of people eligible, and for more services, than almost every other state. But if the program is huge and in many ways generous, those who work with it - doctors, patients, government officials, health care experts - say that the way the dollars are spent makes little sense.

The program - which consumes more than one-third of the state budget - is vulnerable to fraud and abuse by unscrupulous providers, wasting billions of dollars annually, experts and government officials say. But New York does less than other states to police payments to hospitals, nursing homes and ambulette companies, or to prosecute the guilty.

And yet, life at Morris Heights makes clear how keenly New York scrutinizes ordinary patients trying to get into Medicaid, in the name of ensuring that ineligible people cannot slip through. "We do a better job than we'd do if we didn't have all of these requirements in place," said Dennis P. Whalen, executive deputy commissioner of the State Department of Health.

But experts say that kind of cheating is a small part of Medicaid fraud. The problem, says Elisabeth Benjamin, former chief of health law at the Legal Aid Society, is that "the state looks at each applicant as a potential criminal."

Yet the typical people striving to enroll in Medicaid are poor children and their mothers, clients who cost relatively little to cover. Children and able-bodied adults - mostly women - are about three-quarters of New York's Medicaid patients but account for about one-quarter of the expenses. Those costs pale next to what the state spends caring for disabled and elderly patients, who account for more than 70 percent of the spending - partly because New York spends far more than other states on services like nursing homes, home care and hospitals, while scrimping on the most basic form of care, doctor visits.

Devoting more effort to screening ordinary patients than to examining providers "is pretty ludicrous," said Robert Goldberg, a senior fellow at the Manhattan Institute, a conservative group critical of Medicaid. "Where they're looking isn't where the major money is, or where the major fraud is."

But these are facts of life at Morris Heights, where Medicaid is both a daily life-saver and just so much wasted effort.

After two decades in health care, much of that time tending to the poor and grappling with Medicaid, Anita Wilenkin, chief operating officer of Morris Heights, says the program's idealism too often goes unrealized. "It makes things harder than they need to be," she says, and frequently, "what's on paper, what it's supposed to do for people, doesn't get done in reality."

From a modest start in 1981 as the project of neighborhood activists, Morris Heights, a nonprofit, has grown into a mainstay of the area, almost as familiar as the Jerome Avenue elevated train that thunders by. This year, some 45,000 people - the community is a mix of Dominicans and other Hispanics, African-Americans, and pockets of English-speaking Caribbeans, Cambodians, Africans and Arabs - will push through its doors, making 150,000 visits. It has four main clinics, a birthing center and clinics in schools.

Observed day after day, Morris Heights at once confirms stereotypes about the world of Medicaid and confounds them. The people who turn up and who benefit from Medicaid range from illiterate immigrants to college-educated professionals. Some patients grapple with drug addiction and H.I.V., while many have ailments no worse than the flu. Waiting rooms are noisy and crowded, but also immaculate, brightly painted and graced by skylights.

Morris Heights sees its share of cheats, like the worker fired for demanding \$75 from people for help with Medicaid enrollment. Enough patients sell H.I.V. drugs on a thriving black market that managers reproach doctors for simply believing patients who say they are infected.

But by many measures, Morris Heights delivers better care to Medicaid patients than they would find in most places in the city, according to insurers, government officials and other doctors. There is a nighttime urgent-care clinic, a mobile clinic that visits homeless shelters, and H.I.V. programs that send workers to patients' homes.

All of it, though, is a challenge. Employees talk of a deep commitment to serving the poor, but also complain about hard work with patients who frustrate them, in a Medicaid system they consider dysfunctional.

First, the Paperwork

On a tropical summer afternoon, Agustín Colón, a 32-year-old with the muscular body of an athlete, shuffles like an old man into a storefront Morris Heights office, his asthmatic wheezing audible across the room.

Mr. Colón, a Dominican immigrant, drops into a chair and explains in Spanish that an envelope arrived from the city, but, though it was in Spanish, he does not read well enough to decipher it. Then his Medicaid card stopped working at the pharmacy and he ran out of medication. He took the envelope to the clinic, and learned that it was his annual Medicaid renewal form; he had missed the deadline.

Hugo García, a Morris Heights employee, tells Mr. Colón that to apply again, he must collect papers proving his identity, income, assets, address and immigration status. Mr. Colón listens impassively, never removing his sunglasses, then shambles back into the heat. Mr. García's co-workers wonder if he will come back any time soon

He returns hours later, hands full of papers, but still a few documents short. The next day, still laboring to breathe, he turns up with his papers in order. Mr. García completes his application but warns that it will be weeks before he is insured.

A daily parade of people passes through this office, struggling with the one essential demand Medicaid makes to get insurance and keep it: paperwork. Many fail to do it, or do it incorrectly or too late. Some think they have insurance but do not, some have it but do not know it, some lose it and some never get it. Patients like Mr. Colón cycle in and out of Medicaid, causing delayed treatment and duplicated work.

"The whole system is like a bunch of people trying to fill a bucket with a hole in it, working as fast as we can to pour new clients in the top, while they keep dropping out the bottom," said Maura Bluestone, president and chief executive of Affinity Health Plan, a health maintenance organization that participates in Medicaid.

These are national problems, but groups that research Medicaid have studied them most closely in New York. At any time, more than one-fifth of the people eligible for Medicaid in New York are not enrolled, according to studies by the United Hospital Fund and the Urban Institute, liberal policy research groups. Experts have long estimated that 40 to 50 percent of New York's Medicaid patients lose their insurance yearly, often by failing to complete annual renewal forms, though most remain eligible and enroll again, months or years later.

That was once true, state officials say, but no longer. They say they cannot cite a current Medicaid drop-out rate, but contend that it has declined sharply in the last few years, as New York has made paperwork easier, and enrollment has grown. The state has abbreviated long applications, allowed community groups and H.M.O.'s to sign people up, and introduced renewal by mail.

H.M.O.'s, clinics and policy researchers say that those changes have helped, but that serious problems persist. Several H.M.O.'s say about one-third of their Medicaid members still leave the program annually.

When asked why such problems arise, in hundreds of interviews, patients, clinic workers, insurance executives, policy researchers and state officials replied with a complaint that could not be more consistent if it were rehearsed: Too many people who need Medicaid are bewildered by it.

Of course, even people with private insurance can have trouble understanding its requirements, but getting Medicaid insurance is usually more complex, and must be repeated annually.

People seeking Medicaid in New York must provide extensive documentation and fill out detailed applications - paperwork that many have trouble even understanding, and that provides opportunities for mistakes. They find that Medicaid is really several programs within one, and often do not know which part they belong in. Many patients do not understand when their insurance begins and expires, or what their relationships are to the H.M.O.'s that oversee their care.

Kathryn Kuhmerker, the deputy state health commissioner who oversees Medicaid, said such confusion was unavoidable. "This is an extraordinarily complicated program, and I don't think that there's any way to simplify and still meet all the requirements" set by the federal government and the State Legislature, she said.

All states demand a great deal of information from applicants, but what sets New York apart are documentation requirements that policy researchers say are probably the most stringent in the country.

While 14 states allow Medicaid applicants to state their incomes without documentation, and most accept one or two pay stubs as proof, New York demands four consecutive stubs or an employer's letter on company letterhead. The federal government says New York is one of just four states that require documentation of citizenship or immigration status from nearly all applicants. Researchers say New York may be the only state that does not simply require a Social Security number, but rather asks to see the card.

Advocates for the poor say the rules are especially troubling because the state does not need most of the documentation: It verifies the claims on its own, through sources like government databases and bank records. The state already has some of the proof it asks people to produce, like tax returns and driver's licenses.

State officials counter that the information they can verify independently is often out of date. And Mr. Whalen said, "We would probably disagree that it's overly burdensome for people to produce vital records."

Enrollment Confusion

New York's basic Medicaid application, fairly typical of those around the country, is six pages, with another six of instructions. The questions are mostly reasonable, but the detail and complexity can trip up even experienced health care workers. The application, for example, delves into obscure areas like whether a friend helps with the rent, whether a renter pays for heat, and even what kind of heating fuel a home uses.

For people who move frequently and often have little education, Medicaid's yearly renewal process is a particular burden - even receiving and comprehending forms and letters that warn of impending deadlines can be an obstacle. Patients are required to tell the government if they move, but many are unaware of the rule and are knocked out of the program.

Insuring all the eligible people who are not in Medicaid would cost a couple of billion dollars each year. But even most critics of the program do not accuse New York of a conscious attempt to save money by suppressing enrollment - a charge that they and others have made against some other states. Rather, they say, the obstacles in New York reflect a broader ambivalence about aiding the poor.

"We think of Medicaid as a welfare program, so it's given grudgingly," said James R. Tallon, president of United Hospital Fund, a New York-based liberal research group. This is in contrast to views of Medicare, the federal health plan for the elderly, which is a widely accepted program used mostly by middle-class people, he said.

A handful of states have tried simplified applications and found that enrollment rose sharply without a major increase in fraud. Federal regulators have found that in every state, care for ineligible patients accounts for less than 2 percent of Medicaid costs. People who study the program - and not just those who advocate more services for the poor - say that letting patients who do not belong into Medicaid is not a major problem. But they say that focusing on such people is politically safer than cracking down on cheating by hospitals, nursing homes and doctors, who wield great lobbying power in Albany.

Mr. Goldberg of the Manhattan Institute says he believes that not many ineligible people enroll. "I don't think there's any question that most of the fraud is provider-driven, not patient-driven," he said.

Kemp Hannon, Republican chairman of the State Senate's Health Committee, added that even if ineligible people slip through and are treated for illness, "the public health has been well served. Is that what you really want to worry about?"

Mr. Whalen agreed that such fraud was minor, which he said "speaks to the strength of the front-end part of the system, where we take a look at eligibility."

The last several years have given rise in New York to "facilitated enrollment," a mini-industry of thousands of people at clinics and Medicaid H.M.O.'s who, without charge, fill out applications for people. Morris Heights has seven people doing this work in the office where Mr. Colón sought help, a converted convenience store a block from the main clinic.

The acknowledged master is Theresa Solano, 51, a short woman with a wide grin and plenty of opinions. She has a striking memory for clients' names and problems, and for Medicaid's little wrinkles: how to get applications expedited, how to get expenses covered retroactively.

"These people we see, I've been where they are: immigrant, poor," she says. A native of Honduras, Ms. Solano married, raised three children and put herself through college while working jobs as a nightclub hostess and a union organizer. She offers patients a mix of sternness and sympathy, reassuring them about their health and lecturing them about meeting deadlines and teaching their children English

Her work tests the limits of patience, as when Diane Watson sits beside her on a summer morning, three small children in tow. The state computer says she was dropped from Medicaid and from the H.M.O. that managed her benefits.

This is news to Ms. Watson, who insists that she never signed up for Medicaid. It is as if they were speaking different languages. Ms. Watson pulls a jumble of Medicaid and H.M.O. cards from her wallet and admits that she does not know what each one does, or what an H.M.O. is.

On a rainy June morning, another patient, Brenda Johnson, 52, edges into the Morris Heights enrollment office, wide-eyed and trembling, and scans the faces there. Ms. Solano shoves aside a stack of papers and beckons the new client to her desk.

Ms. Johnson speaks in a whispered rush. She has breast cancer and no insurance, she says, uncurling her fist to show \$350 in medical bills she cannot pay.

If she were insured, she says, the tumor would have been caught sooner, but she dropped out of Medicaid years ago, because "I didn't understand the paperwork, and I wasn't sick, so I let it slide." She reapplied months ago, but nothing has happened.

Ms. Solano taps into the state's Medicaid computer system and finds that, in fact, Ms. Johnson has been insured for two months and delayed treatment needlessly. As she explains, Ms. Johnson's face is a slide show of expressions, surprised to skeptical to perplexed to worried and back again.

Someone, it turns out, has mistakenly put Ms. Johnson into the wrong Medicaid program. She is poor enough to qualify for a more generous part of Medicaid that would pay her recent medical bills, but this one will not.

She shakes her head and says, "I just don't know how I got this messed up."

At Home, Turmoil and Apathy

Susan Billinghamurst, a physician's assistant, keeps a drawer full of mysteries she hopes to solve, suffering she hopes to avert.

In the windowless exam room that doubles as her office, she hauls an armload of patient files out of that drawer, thumps them onto her desk and picks up the phone.

Tests show that the patients, all women, may have cervical cancer, which can be fatal, or diseases like chlamydia that could make them infertile. But they do not know it.

Morris Heights has sent letters and left phone messages, urging them to return. But months later, they have not learned what dangers they face, have not had follow-up tests, and have not been warned that they could infect others.

Tracking them down could be a full-time job. Instead, it is something that Ms. Billinghamurst, who works in gynecology and obstetrics, does whenever she has a few free minutes. Staff members say a large fraction of their patients never return for test results or follow-up treatment.

"How can you provide care when you can't find people?" asks Ms. Billinghamurst, a businesslike 36-year-old native of St. Vincent. "They move, their phones get cut off, they don't get their mail, and they all have a lot of other problems going on."

"But that's not the whole story," she adds. "A lot of them just don't take responsibility."

Treating patients is a haphazard business when many live in turmoil or nonchalantly disregard their own well-being, and the Morris Heights staff members tell of countless examples. Patients turn up less with an air of entitlement than with a shrugging fatalism: Either things will work out, or they won't.

Yanet Veras, 36, knows too well about chaos. An occasional Morris Heights patient, she has lived in the neighborhood for a few years, moving frequently, sometimes to her native Dominican Republic.

She learns just before giving birth to her second child that she is H.I.V.-positive. A few months later, her husband is arrested for his role in a robbery. The family loses his meager income from odd jobs, and soon they stop getting welfare payments.

Mrs. Veras can no longer afford her apartment, so she and Solangea, 3, and the baby, Jonathan, move in with a friend. Soon, they move to another friend's place.

At some point in this tumult her Medicaid expires, but she does not notice, or remember receiving a renewal form. "There was so much confusion," she says in Spanish.

She applies to recover her insurance, but before it takes effect, she runs out of her H.I.V. drugs.

Eventually, Mrs. Veras becomes one of Ms. Billingham's missing patients. Finally, in February, Ms. Billingham finds Mrs. Veras, who explains that she has been in the Dominican Republic and returns to the clinic for her test results

Others live with much less turmoil, and find it harder to blame forces beyond their control when they stumble. Some, like Maria Cuevas, concede matter-of-factly that they could have - should have - done more to solve their problems.

On one visit, Ms. Cuevas, a single mother, says her 9-year-old son, Orosmar, went most of his life without health insurance, though she and her daughter had Medicaid. His birth certificate omitted his first name. She needed to go to court to register his name, but she says she put it off for years. Then Orosmar developed asthma. "I couldn't get him medication because I couldn't pay for it," she says, "so I did home remedies or I gave him some of his sister's medicine, which you're not supposed to do."

Morris Heights workers are torn between sympathy for these patients and frustration at their apathy. Patients are more likely to walk into Morris Heights unscheduled than to make appointments, and they keep only about half their appointments.

Ralph Belloise, administrator of Morris Heights' H.I.V. programs, says the great majority of H.I.V. patients do not adhere to medication schedules well enough to make the drugs fully effective.

When Ms. Billingham sets out to track down 15 of her missing patients, her first several calls yield two disconnected numbers, two that ring unanswered, and two answering machines. On the seventh try, success. "Please come in today; this is important," she says. "You're not busy. I promise I won't scold you anymore."

The day turns into a good one. Harsh weather means fewer patients, so she has time to call all 15 women, and she reaches two. Better yet, two women she called earlier in the week appear at her door.

In late afternoon, a pregnant 18-year-old arrives. She tested positive for chlamydia months earlier.

"O.K., so now I'm here, so it's no big deal," she says.

Ms. Billingham rolls her eyes. "This is reality," she says. "What can you do?"

The Search for Specialists

Dr. Jadiyi Salim-Ortiz holds little Angel Pérez's surgically reconstructed hand and smiles down at him, but she is fuming inside. Once again, she thinks, she must do bureaucratic battle to have him see the doctors he needs.

Angel, almost 2 years old, was born with a hand that could barely grasp and ears that could barely hear. A series of operations offers hope, but his deformities are so rare that Dr. Ortiz believes they are beyond the range of the limited number of surgeons offered by the form of Medicaid he has.

After some wrangling, Angel has gone to the hand surgeon Dr. Ortiz wanted, but now she learns that there is trouble getting him physical therapy to re-learn how to use the hand. And she predicts, correctly, that finding doctors to fix his ears will mean yet another struggle.

"This is the most frustrating part of a frustrating job," says Dr. Ortiz, 50, a Morris Heights pediatrician. "Why do we have to fight to get these children to specialists?"

A glaring weakness in Medicaid is that many doctors do not participate. In particular, hunting for specialists often means being turned away or waiting for months.

Many doctors complain that the patients are unreliable, skip appointments and show up with expired insurance, but the most common reason doctors cite for refusing these patients is low pay by Medicaid. The problem applies to general practitioners seeing children with earaches, but it is most acute for specialists treating less common ailments, like seizures or kidney failure.

For many years, New York ranked last in Medicaid payments to doctors, and even after sharply increasing some fees early in this decade, it still pays less than all but two states, according to a 2004 report by the Urban Institute and the Center for Studying Health System Change. They found that on average, New York's doctor fees were 45 percent of what Medicare paid for the same services. New York is also the only state that does not pay doctors more for complex examinations than for simple ones, or pay specialists more than internists.

The disparity is most stark for specialists. For a moderately complex office consultation with a specialist, Medicaid in New York pays \$24, the lowest of any state, compared with a national Medicaid average of more than \$91, according to the Urban Institute. For the same visit in New York City, Medicare pays about \$200, and private insurance generally pays somewhat more than Medicare.

New York's low doctor fees make for a striking contrast in a state that spends more than most states for nearly every other kind of service. For each person enrolled in Medicaid, New York spends about two times the national average on hospital care, nursing homes and mental health facilities.

Managed care was supposed to solve the doctor shortage in Medicaid. In the last decade, New York has moved about 60 percent of its Medicaid patients out of the traditional system of paying doctors directly for each service a patient received, and into H.M.O.'s that receive a monthly lump sum from the state for each patient. State officials predicted that the H.M.O.'s would pay doctors better than the state did, drawing more doctors into the system.

It worked, but to a limited extent; the state says the number of specialists treating Medicaid patients through H.M.O.'s has risen 22 percent in seven years, but the number of patients has climbed faster. Those H.M.O.'s pay doctors much more than the state does, but it is still, on average, about 20 percent less than what Medicare pays. Just as important, many specialists do business with just two or three of the 20 Medicaid H.M.O.'s in New York City, making them off limits to the great majority of Medicaid patients.

The result is that the oft-touted generosity of Medicaid in New York, the promise of world-class care, breaks down when confronted by the realities of Medicaid's structure and economics.

The doctor shortage varies enormously from one specialty to another. "Pediatric mental health is the worst," says Irwin Redlener, president of the Children's Health Fund, which provides care to poor children. "There are a quarter of a million kids on Medicaid in New York City on waiting lists to see mental health specialists."

When Dr. Ortiz at Morris Heights sees that one patient, a 14-year-old girl, needs psychiatric treatment for depression, she finds that none is available. While waiting for an opening, the girl attempts suicide and enters a mental hospital.

In the daily lives of places like Morris Heights and their patients, all of this translates into an exasperating pursuit of specialists, a chase best seen from a tiny office in Morris Heights' clinic at 183rd Street and Walton Avenue, where Angelina Ayuso tries to make specialist appointments.

In August, a pediatrician finds the heart murmur in the 10-year-old girl on Medicaid, but cannot tell if the problem is minor or life-threatening. Ms. Ayuso calls Jacobi Medical Center, where a clerk tells her that the wait to see a cardiologist will be four months.

Later, Ms. Ayuso calls Bronx-Lebanon Hospital Center for a middle-aged woman with a lump in her breast. She accepts a mammogram appointment three months away.

A month later, things are worse. On Jacobi's appointment line, a recording tells Ms. Ayuso she will wait 100 minutes on hold.

The occasional patient with commercial insurance "is like a holiday," she says. "It only takes a minute to get the appointment, I can do it online, we get the specialist we want and it's not way in the future."

Things are not so simple for Angel Pérez, the boy at Morris Heights with malformed ears, and his parents, Dominga Rosario and Miguel Pérez. Dr. Ortiz, the pediatrician, protests that the limited doctors available are not adequately qualified. She wants the H.M.O. to pay for him to see specialists who do not ordinarily see Medicaid patients.

Angel was born missing the main bone in his left thumb, leaving it hanging useless. A somber boy, he has a habit of hiding the hand behind his back. His outer ears are just small lumps of skin that cover the ear canals, so he hears and speaks poorly.

Angel, his parents and his two sisters live in a cramped, subdivided one-bedroom apartment near the Grand Concourse. The parents, Dominican immigrants, work long hours, Ms. Rosario in a beauty salon and Mr. Pérez driving a livery cab. They have only a vague sense of their rights under Medicaid.

But they have a formidable ally in Dr. Ortiz, a Paraguayan with a sense of righteous indignation, who is willing to cajole, shame and plead for her patients.

An audacious operation could re-position his left index finger so that it functions like a thumb. After some haggling, Angel's H.M.O. relents, and agrees to pay for Angel to see a hand specialist at the Hospital for Special Surgery, in Manhattan. The surgery is a success, and Dr. Ortiz says Angel needs physical therapy immediately. But it all requires another round of calls, and two months pass before therapy begins.

Dr. Ortiz wants Angel to see ear specialists, but this time, the insurer stands fast, and it sends the boy to its own doctors, who advise a five-year wait for ear surgery. "Every month he cannot hear well, his speech falls farther behind," Dr. Ortiz says. There are more calls, more letters.

Eventually, Medicaid officials agree to remove Angel from the H.M.O.

Still, five more months go by before Angel sees a surgeon who might build him normal-looking outer ears. The family eventually moves to a bigger apartment and Dr. Ortiz leaves Morris Heights for another job, and everything gets put on hold.

Indeed, a year and a half after his parents and Dr. Ortiz started trying to address his problems, Angel, now 3, still has not seen the inner ear doctor.

"It shouldn't be this hard," Dr. Ortiz says.

So it goes at Morris Heights: part marvel, part misery. Medicaid can save a child like Angel from a life of isolation and limitation, but it promises to be a struggle each step of the way.

Published October 15, 2005

Lawmakers propose Medicaid changes Michigan could become test state for health savings accounts for poor

By Katherine Hutt Scott
State Journal correspondent

For Orlaray Schuster of Lansing, who is raising three grandchildren and earns between \$25,000 and \$30,000 a year from a part-time job and a pension, Medicaid provides a vital lifeline.

Under a proposal co-sponsored by Rep. Mike Rogers, R-Brighton, to save taxpayers money, the millions of Medicaid recipients such as Schuster would use health care savings accounts to help them pay medical expenses.

"It sounds like a good program," said Schuster, 56.

Advertisement

Lawmakers say the proposal would give Medicaid patients new reasons to seek care in a doctor's office rather than an emergency room, thus saving money for the Medicaid program and taxpayers.

The proposal, drafted by Rogers and GOP Sen. Mike Crapo of Idaho, would create the savings accounts for Medicaid recipients as part of a broader push by congressional Republicans to cut the program's costs.

Rogers says the measure would encourage Medicaid patients to seek out less-expensive care, partly by using generic rather than brand-name drugs. He says that would result in long-term savings for Medicaid, the federal-state health program for the poor. The program's increasing costs are crippling the budgets of many states, including Michigan.

"All the states are looking for ways to get their Medicaid costs under control," said Rogers spokeswoman, Sylvia Warner.

Michigan, for one, would look closely at the savings account program if it wins approval of Congress and President Bush, said T.J. Bucholz, spokesman for the state Department of Community Health.

Thanks in part to a sluggish economy, Michigan has seen its Medicaid enrollment grow by 100,000 people a year for the last five years. The program now makes up more than 25 percent of the state budget, he said.

But some policy experts who study Medicaid are not as enthusiastic.

Critics on the left say health care savings accounts could actually make health care less affordable for the poor.

From the right, Michael Cannon of the libertarian Cato Institute is worried the accounts could lure healthy people into Medicaid who otherwise wouldn't enroll.

Under the proposal, 10 states would volunteer to experiment with the health savings accounts for five years. The federal and state governments would put money - up to \$2,500 for an adult and up to \$1,000 for a child - into a savings account each year that beneficiaries could use for their health care costs.

The caps on the federal and state contributions theoretically would encourage beneficiaries to use lower-cost care. Traditional Medicaid, after a deductible is paid, would cover the extra costs for savings account holders who encountered unexpected health care needs.

Any proposal to cut Medicaid costs stands some chance of success in Washington.

Congress approved a nonbinding budget plan this year that called for trimming \$10 billion from the federal Medicaid budget over the next five years.

Health care savings accounts

A proposal in Congress would create health care savings accounts for Medicaid recipients, much like the accounts now available through private-sector health insurance.

Under the proposal:

- 10 states would volunteer to experiment with the health savings accounts for five years.
- The federal and state governments would put up to \$2,500 for an adult and \$1,000 for a child into a savings account each year, which the beneficiaries could use for their health care costs.
- The program would be open to low-income families and children, and low-income individuals who are not disabled or older than 64.
- Unused money would roll over from year to year.

- When a beneficiary leaves Medicaid, the government would take 25 percent of the unused funds and the beneficiary could use the remaining money to buy health insurance coverage or job training or tuition.

On the Web

- Center on Budget and Policy Priorities: www.cbpp.org

- Cato Institute: www.cato.org

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Contact Katherine Hutt Scott at (202) 906-8132 or kscott@gns.gannett.com.

FOR IMMEDIATE RELEASE

October 14, 2005

Granholt Administration Receives Approval for Another Federally Qualified Health Center

Detroit Center is 15th to be Created since Governor Took Office

LANSING - Michigan Governor Jennifer M. Granholm today applauded the federal approval of a fourth Detroit-area Federally Qualified Health Center (FQHC).

"I am pleased that uninsured and underinsured citizens in the Detroit area now have better access to high quality health care services," Granholm said. "Each of our citizens, most importantly our most vulnerable, deserves and needs access to good health care services. I remain committed to providing additional options for treatment for all Michigan residents."

The Health Centers Detroit Foundation, Inc. - currently providing comprehensive health services for thousands of medically underserved Wayne County citizens - is now eligible for Medicaid reimbursement, Granholm said. Health Centers Detroit Foundation, Inc., located at 4201 St. Antoine St., currently serves 8,875 residents, 45 percent of whom receive Medicaid.

MIRS

October 14, 2005

Granholt Applauds Health Center Approval

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Under the Granholt administration, 15 FQHCs have been approved in communities across the state, including Saginaw, Grand Rapids, Battle Creek, Detroit, Marquette, Muskegon, Jackson, Brimley, Westland, and Lincoln.

Help available to choose best of Medicare's drug plans

BURTON

THE FLINT JOURNAL FIRST EDITION
Monday, October 17, 2005

By Shantell M. Kirkendoll
skirkendoll@flintjournal.com • 810.766.6366

BURTON - The advertising blitz has begun with offers for seniors to fill a glaring gap in their Medicare coverage: prescription drug coverage.

It does not pay for seniors to wait to sign up for Medicare Prescription Drug Coverage.

Participation is voluntary, but there will be a penalty of higher premiums if they do not enroll when first eligible for Medicare at age 65 or during the Nov. 15-March 15 enrollment period.

Ann Van Camp, 80, of Burton, is in good health and travels, but she is not taking any chances that she'll be left paying for her medicines.

Before her husband died two years ago, she said, the couple spent \$400 a month on prescriptions. They did not have drug coverage.

"I've done my homework," said Van Camp, a former homemaker. "I only take one prescription now to regulate my heartbeat, but down the road I don't know what I'll need."

In Genesee, Lapeer and Shiawassee counties, 87,000 people receive Medicare benefits.

For the first time ever, Medicare beneficiaries can sign up for prescription coverage. The average person on Medicare spends \$996 of his or her own money each year on prescription drugs, according to the Michigan AARP.

About 17 plans will be offered in Michigan, with monthly premiums ranging from \$20 to \$56, said Lea Mix, coordinator of the Medicare Medicaid Assistance Program at the Valley Area Agency on Aging.

But which policies work for the medicines you take? Is a cheaper premium the best bet? Does your favorite pharmacy accept the plan you choose?

"The issue is making an informed choice," Mix said. "But there are so many options, seniors may be overwhelmed by it all. We don't want that to be a deterrent."

A Medicare hot line is available, but with 1.5 million seniors in Michigan alone, it could be a challenge for callers to get through, Mix said.

To help, the VAAA has planned a series of one-on-one sessions for seniors and their caregivers to examine their options. Bringing along pill bottles and prescriptions is encouraged.

After paying the monthly premium, seniors generally must meet a \$250 yearly deductible before the plan kicks in to pay for part of medications.

Full coverage begins if seniors spend more than \$2,250 a year. Extra financial help is available for lower-income seniors to pay their premiums.

"It's a major new program, and there's bound to be confusion," said Tom Oren, communications director with AARP Michigan.

The more medicines a senior takes, the greater his or her savings will be under the new plan, he said. AARP is working with partners to reach low-income seniors, a population that can be hard to reach because of lack of Internet access, he said.

Of course, some seniors already have drug coverage through their former employers. In most cases, particularly for General Motors retirees, the retirees' coverage is better than what the new plan offers.

Companies are required to send information to retirees explaining whether they have "creditable" coverage, meaning it's as good as or better than the Medicare plan.

"If seniors have coverage through their former employer, they can keep it," Mix said.

"Employers were given tax breaks to encourage them not to drop retiree coverage once the Medicare benefit program begins."

Some companies may drop retirees if they sign up for the Medicare program, so it's best to hang on to any information that arrives, Mix said.

Financial trouble at U.S. companies means seniors may be wondering whether their company plan will be there for them in the long haul.

"I don't see that happening right now," said Mix. "If for some reason that happens down the road, seniors can get in without having to pay the penalty for joining late."

Details: www.medicare.gov or (800) 633-4227.

Column: Time to quit treating just the symptoms of our health care woes

Sunday, October 16, 2005

By Peter Luke

MLIVE

A long time ago, when everything was different, Chrysler avoided bankruptcy when Congress bailed out the struggling automaker.

The rationale nearly 30 years ago was that the nation couldn't afford to have one of its largest companies, with tens of thousands of workers, go belly up.

Michigan and its industrial, middle-class lifestyle back then was the economic envy of the nation. The state's home-grown companies provided their blue-collar work force with suburban homes, college tuition for the kids and auto industry wages sufficient to park new cars in the driveway.

Delphi's expected trip to bankruptcy court in New York last weekend was a local shock, but greeted nationally with a shrug.

How many of Delphi's 15,000 Michigan workers lose their jobs, half their paychecks or a chunk of their pensions isn't yet known. But a good number undoubtedly will.

They will join a long line of workers economically dislocated in the steel, textile and airline industries. And they'll join the good folks in Greenville who lost their jobs making refrigerators despite an offer of employee concessions and tax breaks. It's hard to compete when a refrigerator factory in Mexico pays \$1.50 an hour.

Delphi CEO Steve Miller's forecast last week holds that General Motors is headed down the same bleak financial path as the parts operation it spun off six years ago.

And if it is, don't expect that old Chrysler bailout playbook to be dusted off. It isn't of much use anyway in a global economy requiring players to be economically competitive.

A chief threat to corporate solvency these days isn't necessarily corporate mismanagement or greedy unions. It's a key, but uniquely American, part of the middle-class contract in this capitalist democracy: employer-provided health insurance.

Miller says business can't afford it anymore.

"Beyond Delphi, things are going to get messy for the Big Three in coping with all this," Miller said, because of "staggering legacy labor burden" of accrued retiree health care obligations.

Because that legacy burden falls so heavily on Michigan -- 10 percent of the state's economy is auto related -- Michigan just may be ground zero in the debate. A lot of employee health care in Michigan is patterned after what the once-rich Big Three provides.

Nearly half the state's population is either served by Medicaid or Medicare, or is uninsured. State costs for Medicaid consume a third of discretionary state spending. The cost of caring for the uninsured is simply shifted to all health care purchasers.

Solutions?

Although Michigan motorists grumble about the cost of the state's reinsurance fund for catastrophic auto accident injuries when the premiums are announced each spring, it remains a national model. Michigan's fund, which boosts coverage by spreading the risk, kicks in when bills exceed about \$375,000.

Some business groups have suggested an expansion of that idea for catastrophic health insurance that would cover all illnesses costing in excess of \$75,000.

The Michigan Federation of Teachers has asked lawmakers to consider establishing a catastrophic health care fund for school employees as a means of holding down health care bills. Those costs are chewing up meager increases in state aid for K-12 schools and universities. Arguably, all government employees in the state could be rolled in as well.

Medicare works something like that now, covering hospitalization and inpatient physician care. Seniors have to buy separate, Part B, policies for outpatient care or it's provided by their former employer.

It works for seniors. It can work for everyone else. Employer balance sheets would improve even with the higher taxes required to pay for it. Enormous amounts of human capital would be freed up as workers leave jobs they now hang on to for the health benefit alone.

When it came to Chrysler, politicians offered acute care. Delphi's bankruptcy filing demonstrates that the economic illness is chronic.

QUESTION AND ANSWERS

New Medicare drug plan requires some research

By RUBY L. BAILEY
FREE PRESS STAFF WRITER

Seniors' questions about the new Medicare prescription drug benefit will be answered in the Free Press until Nov. 15, the first day to sign up for the plan taking effect Jan. 1.

Today's question is answered by the Center for Medicare and Medicaid Services (CMS), the federal agency that administers Medicare and Medicaid, the Medicare Rx Education Network in

Washington (MREN) and the Michigan Medicare/Medicaid Assistance Program (MMAP).

QUESTION

John Mazer, a 61-year-old Detroit resident, is covered by his wife's employer, but he also has Medicare coverage because of a disability.

Mazer wants to know if he can keep both forms of coverage and why his wife's employer isn't informed about new creditable coverage requirements.

ANSWERS

CMS: CHECK WITH YOUR EMPLOYER:

There is nothing in the new Medicare law that prevents Mazer from keeping the coverage provided by his wife's employer.

But Medicare cannot force her employer to provide coverage if one or both of them enroll in a Medicare drug plan. Her employer's choice to not provide coverage to those enrolled in the Medicare drug plan is made by her employer voluntarily — it is

not required by Medicare.

The Mazers should check with her employer to find out whether that coverage will continue if either or both of them enroll in a Medicare drug plan. Employers are not required to provide notices of creditable coverage until Nov. 15, so there is still time for her employer to meet its legal obligation.

MREN: COMPARE COVERAGE: If you

See DRUG, 6B

DRUG | New Medicare plan calls for research

From Page 1B

have prescription drug coverage through your employer or union, chances are you may want to stick with that prescription coverage.

Your employer or union retiree plan will send you a letter by mid-November to explain if the retiree prescription drug coverage is as good as, or better than what Medicare is offering.

If it turns out that your retiree plan's coverage is not as good as Medicare's, you can join a Medicare prescription drug plan and you still may be able to keep your employer or union coverage for its other health care benefits. If your benefits administrator cannot answer your questions immediately, they will be able to before enrollment begins Nov. 15. They should let you know whether joining a Medicare drug plan could affect your retiree prescription drug or retiree health (doctor and hospital) coverage.

MMAP: COMPARE TO MEDICARE: Because you currently have coverage from your wife's employer, you should compare your Medicare coverage with that plan and determine which is best for you. You are correct that if you give up your current plan, you will lose important health coverage and you likely won't get it back until your wife's next open enrollment period. Find out from your wife's employer if your coverage is creditable, as good or better than the new Medicare Part D. All employers that provide prescription coverage to individuals in Medicare must, by law, provide people in their plans with printed information from Medicare explaining their options under the new coverage by Nov. 15.

E-mail your questions to
askaboutmedicare@freepress.com or
call 313-222-1824.

Battle Creek Enquirer
Letters to the editor

DHS workers help those in need

I want to share the story of the lives of our Calhoun County Department of Human Services staff in the days following the hurricane. On Sept. 2, Calhoun County DHS Director Gwain McCree contacted his staff to tell them that the Fort Custer Training Center in Calhoun County would be temporary home for an unknown number of hurricane evacuees. The first planes arrived on Labor Day.

Soon, 21 Calhoun County DHS employees arrived. They interviewed evacuees, helped them register with FEMA, and located housing for those staying in Michigan. DHS employees made sympathetic connections with victims, many of whom lost everything to the storm. One worker accompanied a woman to a doctor's appointment . . . as her friend. Others took on the role of counselor, listening to stories of unspeakable grief and loss.

This is the kind of work DHS staff do every day to help people in our communities who are most in need. One positive outcome of the Gulf Coast hurricanes has been an increasing dialogue about poverty in America. I hope another positive outcome is to help our Michigan communities see more clearly the jewel that exists in every county in Michigan, our committed and caring Department of Human Services staff.

For more information on what the Department of Humans Services did, go to <http://www.michigan.gov/dhs> and click on "Hurricane Katrina Relief."

Marianne Udow
Director
Michigan Department of Human Services
Lansing

Originally published October 17, 2005

Mother of burned son is sentenced

Ypsi Township woman sentenced for up to four years for abusing her son

By Kathleen Conat, Special Writer

PUBLISHED: October 13, 2005

The mother who allowed her 7-year-old son to suffer with third-degree burns for nearly two weeks before calling for help has been sentenced to prison.

Stephanie Williams, 35, of Ypsilanti Township, was sentenced to 23 to 48 months on two counts of second-degree child abuse and 1-1/2 to 14 years on eight counts of check forgery.

The sentences will run concurrently. Williams will spend less time in prison for the child abuse than for the check forgery.

"This is about the worst case of child abuse I've ever seen," said Washtenaw County Circuit Court Judge Donald Shelton during the sentencing hearing. "It's almost incomprehensible to me that your child was brought out of the tub with flesh falling from his feet and you decided to do nothing."

According to investigators, Williams' live-in partner, Byron McFarlin, forced her son into a tub of water so hot it peeled the skin for the boy's feet and legs. The boy was denied medical attention for almost two weeks, during which time Williams called his school to report him ill and showed up at her own job as a teacher's aide at Perry Child Development Center.

Investigators said McFarlin, who stayed home with the boy, his sister and McFarlin's own infant son by Williams, denied the boy food, allowing him only water. He was forced to stay on the floor of a closet when he wet the bed because he could not walk to the bathroom.

Williams finally called authorities to help her get the boy medical aid when his wounds became infected. The child was hospitalized for a month and doctors discussed amputating toes or even a whole foot. He will, according to medical reports, require plastic surgery.

Williams admitted that during the time the boy was suffering she struck him with a belt on McFarlin's orders and smoked crack cocaine with McFarlin.

"I think you traded your son's safety for some drugs," Shelton told her at the hearing.

Williams cried while explaining to the judge that she had been the victim of domestic violence. She said she had changed her life.

"I would like to ask my son and daughter for forgiveness," she said.

Shelton acknowledged Williams was not the one who forced the child into the scalding water, but said she had, nonetheless, betrayed her child.

"I hope you never have another child entrusted to your care," he said.

As sheriff's deputies approached Williams to lead her away, she collapsed to the floor of the courtroom, sobbing. Williams will be eligible for parole after 23 months. McFarlin was convicted of first-degree child abuse earlier this year and sentenced to six to 15 years in prison. He agreed to the termination of his parental rights to his infant son.

A hearing is scheduled for this week to consider whether Williams' parental rights will be terminated.

PUBLISHED: Sunday, October 16, 2005

Lapeer man jailed Charged with sex crimes

by SUSAN YOUNGER
County Press staff reporter

LAPEER—A Lapeer man was arrested Thursday for criminal sexual assault of children—police believe there are other victims.

William James Gates, 39, is being held in the Lapeer County Jail in lieu of paying \$1 million bail for alleged sexual as-saults of two mi-nor boys.

Gates was ar-raigned Friday in front of District Court Magistrate Gregory Wise on charges of criminal sexual conduct first degree, three counts of criminal sexual conduct second degree and one count of assault with intent to commit penetration.

He is scheduled for a pre preliminary exam conference Friday in front of District Court Judge John T. Connolly.

It's alleged the sexual attacks occurred between 2001 and 2003 to two boys, now 8 and 10, in the home of Gates on Saginaw Street. The two are relatives who were visiting him.

"The investigation is ongoing," said Lapeer County Assistant Prosecutor Steve Beatty. "During the course of our investigation, allegations made by other victims became a possibility."

Gates is a registered sex offender in the City of Lapeer with a previous conviction of accosting children for immoral purposes.

Police believe there are other victims who may come forward. Anyone with information about Gates is asked to contact Lapeer City Police Sgt. Rebecca Minto at 664-0833.

Former Columbia police chief to be arraigned Nov. 8

Jackson Citizen Patriot

Saturday, October 15, 2005

The former Columbia Township police chief will be arraigned Nov. 8 by Circuit Judge Chad Schmucker, a formal step toward a jury trial on charges stemming from alleged illegal gun sales and illegally recorded sex acts.

District Judge Charles Falahee Jr. bound Hunter over for trial Friday on six counts after he waived his preliminary hearing.

Prosecutors will drop two charges at the next stage because they do not have jurisdiction.

Alleged evidence of child pornography and heroin was found in Hunter's home, which is south of Brooklyn and nearly two miles into Lenawee County, prosecutors said.

Information on those two charges have been transferred to the Lenawee County prosecutor for possible charges there.

Evidence admissible in Jackson County was taken from the township hall, where Hunter was police chief until he resigned April 30 amid complaints of sexually harassing a female officer. Hunter will be prosecuted for illegal eavesdropping, misconduct in office, embezzlement and illegal use of a computer.

Holly Youth Assistance provides mentors for children on edge

HOLLY

THE FLINT JOURNAL FIRST EDITION

Monday, October 17, 2005

By Marlon Vaughn
mvaughn@flintjournal.com • 810.766.6324

HOLLY - Barb Ross' children endured a pretty tough period a few years ago - their parents divorced, their father died and they lost their house. Her son Micah, in particular, seemed to withdraw from others. But Micah, 11, was connected with a mentor named Tom through the Holly Youth Assistance program two years ago. "There was no male role model in Micah's life," said Ross, a 51-year-old Davisburg resident. "Tom has stepped in and been a really great role model. Micah is a kid that's hard to get to know, but he's opened up to Tom." And in an era when more kids are living in single-parent households, and drugs and alcohol use among teens is not uncommon, linking mentors with young people has become an even more central part of Holly Youth Assistance's day-to-day work. "We just look for people who can spend an hour or two a week being a mentor," said Youth Assistance director Doug Quinn. "Most kids aren't bad kids, but sometimes they need someone to talk to, someone to guide them in the right direction." That was Ross' hope for Micah. He wasn't relating particularly well to people after the loss of his father, and she felt a male role model could make a big difference for him. Initially, Micah was as chilly to Tom as he was to everyone else. "There was a lot of depression in him that came out as anger," Ross said. "Tom found it very hard to feel close to him at first, ... but he stuck with it. He's been a real healthy addition to Micah's life." About 28 percent of children lived in single-parent households in the 2000 U.S. census, up from 25 percent in 1990. And often those parents, forced to work lots of hours, aren't around to supervise, volunteer Greta Mackler said. "Parents aren't parenting," said Mackler, who's been a "grandma figure" mentor for some of the children in the program. "That's why we try to involve the parents in everything we do." Holly Youth Assistance hopes to link more mentors - particularly males - with young people in the area it serves, which includes Holly, and Holly, Groveland, Springfield and Rose Townships.

QUICK TAKE

Can you help?
Holly Youth Assistance is always looking for mentors to match with young people, particularly males. The program works with children on a referral basis in Holly, the Holly School District and Holly, Springfield, Rose and Groveland townships. Details: (248) 328-3181.

They organize a range of activities for the children and their mentors, including trips to basketball games and museums.

The goal: Get to kids who are behaving badly at school or causing grief at home before the problems land them in the back of a police cruiser.

"I see shoplifting, drugs and alcohol problems, and worse," Quinn said. "We don't want it to get to that point."

Family Saga, and Skeleton, Uncovered

By JONATHAN MILLER
The New York Times

Published: October 16, 2005

WEST NEW YORK, N.J., Oct. 11 - About a year ago, a girl was born in this working-class town and was promptly flung out of a third-floor window. She tumbled down a thin air shaft, naked, her umbilical cord still attached. Her head smashed into the concrete 31 feet below. She died instantly. And there she lay, unnamed, buried in a grave of garbage and cigarette packs.

The story gets worse.

On the morning of Sept. 13, another baby was born and he, too, was shoved through the same window, splattering blood through neighbors' window panes as he fell, landing with a thud near the decaying body of his sister. His screams cut through the walls, and neighbors called the police. His skull cracked, and his eye was blackened, but he lived.

The story gets worse.

The authorities soon learned that the mother of the two children was Lucila Ventura, an 18-year-old immigrant from El Salvador. Their father was a 44-year-old named Jose Julio Ventura. But he is not just the father of Lucila's children, the police say. He is also their grandfather.

This tale of incest, abuse and murder has shaken nearly everyone involved here. Edward J. De Fazio, the Hudson County prosecutor, has called the case a "vivid explosion of family dysfunction."

"I've never seen anything quite like this," Mr. De Fazio said in an interview. "And I've been involved in this kind of work for some time."

As many try to make sense of the horrific events here, so much remains a mystery. And like all mysteries, there are questions and bewilderment.

"Everyone was saying, 'How could the mother not know what was going on?' " said Maria Ortiz, 40, who lived above the family and yet knew next to nothing about them. "It's sad, very sad." She paused. "And disgusting."

Ms. Ventura has been charged with murder, attempted murder, endangering the welfare of a child and child abuse. If convicted, she could be sentenced to up to 40 years in prison. The authorities say she threw both of her babies out the window shortly after giving birth to them in the tiny apartment she shared with her mother, father, four brothers and uncle. Prosecutors have

not decided whether to try her as an adult in the death of her first child. Her lawyer says that her father had possibly been abusing her for several years.

Mr. De Fazio suggested in an interview that he was trying to pry information from Ms. Ventura so that he could charge the father with a more serious offense. "In order to pursue the case against the father, Lucila would need to be a state's witness," Mr. De Fazio said.

She is undergoing a psychiatric evaluation, according to the authorities. Mr. Ventura is charged with aggravated sexual assault, endangering the welfare of a child and child abuse, though the results of a paternity test for the babies are not back. He has not been implicated in the killings. He pleaded not guilty at his arraignment, with bail set at \$500,000. If convicted, he could face up to 20 years in prison.

Mr. Ventura's public defender, E. Carl Broege, said his client is far from the "beast" portrayed in media accounts. Instead, he said, his client was a "pathetic little man" who seemed "scared and subdued, and he seemed not to comprehend what was happening."

Both father and daughter are now being held at the Hudson County Correction Center in Kearny. The young life of Lucila Ventura is one that has been lived out of sight, behind closed doors, away from others. Though her family has lived in New Jersey for some time, she joined them about six years ago, after living with a grandmother in El Salvador, according to a person involved in the investigation.

For at least six years, she has lived in a two-bedroom apartment on 64th Street with her family, relatives and neighbors said. But she was never seen outside hanging on the stoop, like other teenagers in her neighborhood, many say. She slept in a room with her parents and a younger brother, according to relatives. Her parents said little more than "hello" to neighbors in the building. Even cousins of Ms. Ventura's who live in the same building say they had no idea that she had ever been pregnant, or that her father had been abusing her.

"I couldn't believe it," said Aleyda Romero, 15, a cousin of Ms. Ventura's who lived a floor below and saw her two days before the birth in September.

She said of her uncle and cousin: "They got along with each other. We never saw him doing something to her." She added: "We couldn't believe he was the father."

Ms. Ventura's lawyer, Anthony J. Fusco Jr., said in a news conference last month that the abuse might have lasted for several years.

"We are now learning that this abuse may have started to occur when she was 13 or 14 years old and continued on multiple occasions each week for years," he said. Through a secretary, Mr. Fusco declined to comment further.

Nearly every weekday, Mr. Ventura, a cook who worked the night shift at a local restaurant, put his daughter in a green minivan and drove her 13 blocks to Memorial High School, according to relatives and classmates. Often, he would pick her up during lunch. And when school was dismissed at 3 p.m., he picked her up again and took her back home. The mother had worked as a laborer in the jewelry business during the day.

While she was in school, Lucila never did much to distinguish herself to classmates.

"She would walk down the hall with her head down," said one of those classmates, George Triantafyllopoulos, 18, "like she was invisible."

Even now, a month after the news broke - during which students at Memorial High School have been lectured about their options for unwanted babies - many students and teachers responded to the mention of Lucila Ventura's name with a puzzled expression and a one-word question.

"Who?"

Classmates said that Ms. Ventura was an enigma: a loner who was never picked on, a girl who never had a boyfriend and who never seemed able to connect with other students. When he was a freshman, Mr. Triantafyllopoulos said that he and another friend approached Ms. Ventura in gym class. "Me and a girl would try to talk to her and she would just walk away," he said.

She had been a student in the English as a Second Language program since starting high school four years ago, said the principal, Matthew Sinisi.

Another classmate, Kayla Rivas, 16, said that while Ms. Ventura "was always a quiet person, shy," they would sometimes talk about "girl stuff" in gym. She did not mention any problems with her father, Kayla said. When asked what, exactly, they would talk about, Kayla shrugged and said, "You know, girl stuff."

In this tightly packed, 1.3-square mile working class city of immigrants from Cuba, Mexico, Colombia and Ecuador, children play on the sidewalk and the streets teem on a weekday afternoon. Its luxury high-rise apartments face Midtown Manhattan.

West New York also suffers with a poverty rate of 19 percent. Students say that the high school has grappled in the past with MS-13, the Central American gang. Some students said teenage pregnancy is not considered unusual.

Amid this, Lucila Ventura had seemed like a "good girl," according to Ms. Ortiz. No one - teachers, neighbors, even relatives - seemed to notice that she had twice been pregnant. She was heavyset, Ms. Ortiz said, and no one noticed a protruding belly.

According to a person familiar with the situation, Lucila Ventura might be mentally "limited" in some way. The source did not want to be named for fear of compromising the investigation.

Prosecutors are awaiting an assessment of her mental condition. Ms. Ventura's lawyer, Mr. Fusco, has said in newspaper interviews that his client might have been insane when she threw the babies out the window, a defense that, if successful, could result in her release, supervision or commitment to a psychiatric institution.

The cousin, Aleyda Romero, said that she saw Ms. Ventura in the hallway of their building Sept. 11, two days before the birth, and she asked her if she would be in school on Monday, since she had not seen her on Friday. "And she said, 'Yeah.' "

Though she said she did not notice anything unusual, she nonetheless asked Ms. Ventura what was wrong. "She said she ate something and she felt bad after," Aleyda said.

She said she did not see her cousin in school on Monday. On Tuesday, the baby was born.

After the most recent baby was found, The Jersey Journal interviewed Ms. Ventura's mother, Maria. "We had no clue she was pregnant. She hid it from us," Maria Ventura told The Journal.

"She wore loose, baggy clothes."

She said she had assumed that her daughter had a stomachache and she made her cinnamon tea before leaving for work on the morning her daughter gave birth.

For now, the month-old boy who survived the plunge into the air shaft remains in the care of the state's Division of Youth and Family Services.

He has recovered from his fractured skull, and is in a "special medical placement" in Hudson County, awaiting a transfer to a foster home. He has been named David, said Andy Williams, a spokesman for the agency.

Relatives had expressed interest in caring for the baby, but Mr. Williams and others deemed that scenario "highly unlikely."

"Family members have to be considered," he said. "But our recommendation to the court, based on circumstances in the house, we'd need more clarity before placing the child with someone from that household."

Initially, as the police responded to reports of a crying infant, they found only David, with no clue to how he got to the bottom of the 3.5-by-5-foot shaft. But as they looked up, they saw blood on the windowsill of the Venturas' bathroom window. Once inside the apartment, the police said, investigators found blood everywhere.

A day later, as maintenance workers cleared the garbage that had broken the newborn's fall, they found what they thought was a doll. It turned out to be the mummified remains of his sister.

Mr. De Fazio, the prosecutor, said that Ms. Ventura's mental state will play a significant role in the case, but noted: "It should never lead to these babies being thrown out the window, like they were some piece of garbage."

He, too, was having a hard time explaining what had happened. "I don't think you can understand it," he said. "It's complete dysfunction. It's a complete breakdown of the family."

The Battle Creek Enquirer

October 17, 2005

Your Opinions

Need help to steer kids down right path

In response to the Oct. 13 editorial regarding juvenile offenders, I'd like to say this: How can we, as a civilized nation and a local community say we are doing to best for our children when we are quick to charge them as adults and warehouse them in detention halls yet there are *no programs* out there to help steer them in the right direction?

For the "boot camp" at Fort Custer, the child has to "want to be there" and they have to pass an interview. I went to my state representative looking for programs to help a child heading in the wrong direction. I talked with police officers, counselors, probation officers. There is nothing out there unless you can afford tens of thousands of dollars to send your child to a specialized treatment facility/camp. I truly don't see how we are doing justice to our future (our kids) by trying them as adults without offering them the tools to succeed to begin with. How can we say that logically makes sense and as a society, how can we even think that is morally right?

There may be extreme instances where severe consequences are necessary, but not for the sake of "taking a tough stand on crime." These are *kids* often being raised by parents who are dysfunctional, substance abusers and still kids themselves. Shame on us for treating our kids this way. There has to be a better way! I'm sure there are better alternatives. We need to give them tools, streamline these kids to a better way, not to prison where they learn to be better criminals.

Rhonda Richards
Battle Creek

Police: Pregnant woman strangled

Sunday, October 16, 2005

By Ken Kolker
The Grand Rapids Press

GRAND RAPIDS -- The pregnant woman already was dead when her husband and another man in the house fought each other with kitchen knives, police said on Saturday.

Detectives said they were still trying to sort out details surrounding the death of Sylvia Sanchez, 27, who was pregnant with her second child.

Sanchez, who was due in January, was strangled in a home at 848 Baxter St. SE she rented with her husband, Leoncio Garcia-Lopez, 43, police said.

Police said the fetus did not survive.

A 19-year-old man also lived at the house in an upstairs apartment, police said. Police said they've obtained a warrant charging him with attempted murder in the attack on the husband.

They've identified the 19-year-old as a suspect in the woman's death and hoped to seek warrants early next week, said Capt. Jeffrey Hertel. Police weren't releasing his name.

Hertel said it was not clear whether he would be charged with the death of the fetus. The state's "Prenatal Protection Act" -- signed in 1999 following a debate between abortion rights advocates and foes -- provides up to life in prison for the death of a fetus.

The husband told police he got home from work on Friday to find the man in his downstairs apartment, Hertel said. His wife already was dead.

Detectives said they hoped an autopsy would determine how long Sanchez had been dead.

The younger man attacked the husband with a knife, and the husband defended himself, also with a knife, Hertel said.

Both men suffered stab wounds and lacerations that weren't considered life-threatening. Garcia-Lopez remained hospitalized at Saint Mary's Health Services. Hospital officials said they had no information on his condition.

It was Garcia-Lopez who was bleeding just before 5 p.m. Friday when he stumbled out of the house carrying his 9-month-old son.

Police said they don't know where in the house the little boy was at the time of the slaying and fight, and they don't know whether he was a witness.

Neighbors called 911 to report two men in the street covered in blood.

By the time officers arrived, the husband and the 19-year-old were blaming each other for the strangulation, Hertel said.

"They're pointing the finger at each other," Hertel said. "It took time to sort some of that out."

On Saturday, the signs of a struggle were obvious in the home, said property owner Rosa Moreta.

Blood covered the kitchen floor and stained the walls, and the front-door window glass was shattered, Moreta said.

"I am sick because never in my life do I see this before, so near to me," she said Saturday in broken English.

Moreta said it appeared someone may have broken through the front door, which was seized by police.

She said Sanchez and her husband were natives of Mexico who moved into the home about a month ago with their son, who was 9 months old.

The woman was "very nice and quiet, very fragile," Moreta said.

Her husband said "many times, 'I love my wife and children,'" she recalled.

Neighbors who were absorbing the autumn sun Saturday said they still were shocked. The incident occurred just east of Eastern Avenue, near Friendship Baptist Church and Baxter Community Center.

She "used to walk up and down the street getting her exercise because she was pregnant. It's a shame," said a man who withheld his name.

Those with information should call police at 456-3604 or Silent Observer at 774-2345 or www.silentobserver.org

Press reporter Kyla King contributed to this report.

Woman shot in leg by husband

POLICE BLOTTER

FLINT

THE FLINT JOURNAL FIRST EDITION

Sunday, October 16, 2005

By Christofer Machniak
JOURNAL STAFF WRITER

A Flint woman, 43, was listed in fair condition after her 55-year-old husband shot her in the leg Friday night at a house on Cottage Grove Avenue, according to Flint police.

The woman, who was taken to Hurley Regional Medical Center, told police the shooting was accidental and happened after her husband became upset because she had been out all night, a police report said. The man was charged with possession of an unregistered firearm, the report said.

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Domestic violence project deemed success

The Michigan Coalition Against Domestic and Sexual Violence recently announced that the Pro Bono Domestic Violence Training Project on Aug. 25 was a success.

The project enlisted 115 lawyers, 12 law students and three paralegals who signed agreements to provide pro-bono services to domestic-violence victims over the next year.

The agreements could increase pro-bono help statewide by 3,900 hours, coalition staff members said.

"It was very well received," said Gregory Conyers, administrator of the Justice Initiatives Division at the State Bar of Michigan. "We had a good level of participation, ... but there continues to be a need for more attorneys to volunteer time."

Interested attorneys still can sign up for the program and view training sessions by DVD.

For more information, call the Justice Initiatives Division at 346-6396.

From staff writers Tom Lambert, Mike Hughes and Tracy Burton.

Democrats, GOP propose assistance for heating bills

By TIM MARTIN

Associated Press

Michigan Democrats on Monday plan to announce legislation aimed at helping citizens cope with rising home heating costs.

The legislation, to be introduced in the House and Senate, would ban utilities from shutting off heat to homes during winter months, provide more payment assistance and offer incentives to help residents make homes more energy efficient.

"Michigan families deserve relief from the harsh cold of winter and financial hardships, and that's what this legislation does," state Rep. Gary McDowell, D-Rudyard, said in a statement.

Republicans have plans to help with fuel costs as well. On Friday, state Rep. Jim Marleau, R-Lake Orion, said he will introduce a bill to eliminate the sales tax that is added to residents' heating bills.

The Democratic legislation would ban utilities from shutting off service between Dec. 1, 2005, and March 15, 2006, to house-

holds earning 200 percent above the poverty level. That's about \$38,700 for a family of four.

Under the legislation, people who winterize their homes and install energy-efficient appliances could get half of their expenses back in tax credits up to \$2,500. The credit would be available to households that make up to 300 percent of the poverty level, or about \$58,000 for a family of four.

The bills also would expand eligibility and increase the amount of money received through a home energy assistance program for low-income residents. Other bills in the package call for an energy summit to find long-term solutions to heating issues and call for more federal funds to help with heating costs.

Matt Resch, spokesman for Republican House Speaker Craig DeRoche of Novi, said the GOP majority will examine the bills.

Ari Adler, spokesman for Republican Senate Majority Leader Ken Sikkema of Wyoming, said the legislation will be reviewed to make sure it does not duplicate efforts that already exist.

Associated Press writer Amy F. Bailey in Lansing contributed to this report.

Online

► Michigan
Legislature:
www.legislature.mi.gov

Heating aid pursued

Monday, October 17, 2005

The Grand Rapids Press

LANSING -- Michigan Democrats today plan to announce legislation to help people cope with rising home-heating costs. The legislation, to be introduced by Democrats in the House and Senate, would ban utilities from shutting off heat to homes during winter months, provide more payment assistance and offer incentives to help residents make homes more energy-efficient. Natural gas bills in the state could increase 46 percent this winter, according to the Michigan Public Service Commission. Fuel oil costs also will rise, the U.S. Energy Department predicted. Ari Adler, spokesman for Republican Senate Majority Leader Ken Sikkema of Wyoming, said the legislation will be reviewed to make sure it does not duplicate existing programs.

Chill Bills

Start planning now for higher heating costs

Detroit Free Press

October 15, 2005

Much has been said and written in the past few weeks about the high heating bills Michigan residents will get this winter because of increased costs for natural gas. Nearly 80% of Michigan homes are heated by gas, and the monthly bill for an average dwelling is expected to be \$200, nearly \$60 more than last year, according to the latest Winter Energy Appraisal Report from the state Public Service Commission.

The commission has been making a concerted effort to publicize the coming increases. Still, this vital news will inevitably escape some people until the bills arrive, forcing them to make some hard financial choices or even seek emergency assistance to keep the furnace running.

Unlike some states, Michigan does not have a winter moratorium on utility shutoffs, but nobody, including the utilities, wants to resort to such steps over delinquent bills. So programs are available to avoid the possibility of losing heat for inability to pay. But the time to take advantage of them is now, not in the depths of January when you're staring at holiday credit-card receipts, a layoff notice from Delphi and a \$200 bill from Consumers Energy. If this could be you, or someone you know, get off the couch and get busy.

Senior citizens on fixed incomes -- heating bills will devour that \$39-a-month Social Security boost -- and low-income families especially should contact their utility companies about winter protection and budget payment plans. Before it gets much colder, homeowners should inspect their premises, too, for drafts and insulation gaps that can be quickly and cheaply addressed to save money in the months ahead.

The energy industry says the cost increases are due in part to production disruptions from the Gulf Coast hurricanes.

The good news is that Michigan stored about 80% of its anticipated natural gas needs before the storms, so supplies should be adequate and prices will not go up as much as in other states that have less on hand. But it's still going to be an expensive winter.

If you are unsure what to do about it, go on-line to <http://michigan.gov/bewinterwise> or call the MPSC at 800-292-9555.

More funds needed to assist families this winter

Detroit Free Press

October 15, 2005

The only people feeling the heat right now may be in Congress. That's appropriate, because they have to take the lead role in helping already hard-pressed families get through the winter heating season.

Senators and representatives need to rally around a big increase in LIHEAP -- the Low-Income Home Energy Assistance Program -- and they need to do it soon. If annual budget bills keep getting delayed, they must take it up separately.

Already, Gov. Jennifer Granholm and her counterparts from 28 other states have fired off an urgent plea for more money in the face of spiking natural gas and heating oil costs. But even they may be underestimating how dire the situation is.

The program is currently budgeted at \$2 billion. The governors have asked for a \$1.2-billion increase. But holding families harmless this winter compared to last will require yet another \$2 billion because of higher bills, according to the nonpartisan Center for Budget Policies and Priorities.

In a place such as Michigan, where economy-shocked families abound, it's hard to see how they'll manage unless the federal program picks up practically all of the increase in costs, which results in the higher estimate.

And even that may not account for increasing poverty and the fact that more households here in Michigan are reeling from corporate bankruptcies and layoffs. It will stretch every resource, including emergency aid from other programs like THAW (the Heat and Warmth Fund) to get through this winter.

Without sufficient help, whole families will start showing up in shelters just to keep warm. Some will resort to dangerous makeshift ways to heat a room or two. But tragedies don't have to be in the making. Congress has to recognize that it almost literally controls the thermostat.

Lenawee prepares to stay warm

Sunday, October 16, 2005 2:23 AM EDT

Higher fuel costs drive energy local conservation efforts.

By David Frownfelder

Daily Telegram Staff Writer

ADRIAN - The Associated Press this week quoted state utility regulators as saying natural gas users in Michigan would likely see monthly bills go up this winter by an average \$59 to nearly \$190. On Wednesday, the Federal Energy Department predicted bills would be a third to a half higher than last year - an average of \$350 more for natural gas users and \$378 more for fuel oil users.

"We estimate charging \$40-50 more per month this year," said Terry DeDoes of Consumers Energy. "Ours won't be as high as some because we've got underground storage facilities."

"Our rates went up 42 percent effective Oct. 1," said Scott Klemm, vice president and general manager for Citizens Gas Fuel Co. in Adrian. "We will be getting cheaper gas out of storage and blending it with the more expensive gas we buy this winter."

Brian Wierenga, vice president of resource development for Midwest Energy Cooperative, said its capped-rate customers - those the company services now - will see their rates remain where they are this winter. "Any new customers could see their rates go up 15 percent," he said.

The increase is due to a number of factors, but is largely because of the disruption to natural gas production in the Gulf of Mexico caused by Hurricane Ivan in 2004 and hurricanes Katrina and Rita this year, the Michigan Public Service Commission and the federal energy department said.

Commission chairman J. Peter Lark said the spike in this winter's natural gas rates could have been worse, but the state has been able to sock away more fuel than others because it has the largest underground natural gas storage capacity in the nation.

"It's hard to say we're very lucky," Lark said. "If there's a positive aspect to this, it's that Michigan's rates are among the lowest in the region."

Hurricanes dim hopes, hike prices

Cost of energy
soars in Sept.;
confidence falls

By MARTIN CRUTSINGER

Associated Press

**Social Security
checks growing**

► Social Security checks for nearly 50 million Americans are going up next year an average of \$39 a month, the biggest boost in 15 years.

Page 3A

WASHINGTON — Consumer prices soared last month by the biggest amount in a quarter-century, propelled by Hurricanes Katrina and Rita and the record gasoline costs in their wake. The storms caused consumer confidence to plunge, raising new worries about the economy's ability to bounce back.

The Labor Department reported Friday that inflation jumped 1.2 percent last month. Ninety percent of the increase came from a record-shattering 12 percent surge in energy prices, reflecting tight supplies after shutdowns of refineries and oil and natural gas production along the Gulf Coast.

Those shutdowns contributed to a 1.3 percent drop in industrial production in September, the biggest falloff in 23 years.

On the consumer front, retail sales managed to eke

out just a 0.2 percent gain in September, which would have been a 0.2 percent decline if it had not been for gasoline sales that reflected prices that went above \$3 per gallon. Much of the weakness reflected a big drop in auto sales after two big months of sales.

The jolt to energy prices continued to have an adverse effect on consumer confidence, sending the University of Michigan's index down in mid-October to a 13-year low of 75.4, the latest evidence that the hurricane devastation was roiling the national economy.

"All these statistics reflect the full force of the hurricanes on the broader economy and we will probably have another month of ugly statistics," said Mark Zandi, chief economist at Economy.com, an economic consulting firm.

Program helps makes homes more energy efficient

Sunday, October 16, 2005

BY KHALIL E. HACHEM
Ann Arbor News Staff Reporter

With sharply higher fuel costs forecast for this winter, Michigan residents are expected to pay about \$59 a month more than last year to heat their homes. Washtenaw County provides a Weatherization Assistance Program that helps low-income families make their homes more energy efficient. Aaron Kraft, the housing program coordinator, discussed the program with The News.

Q: Now that the price of natural gas is expected to increase, do you anticipate more demand on the program?

A: Absolutely. The demand for our program increased in the past few years as the price of natural gas went up. Last year, the county received 1,450 calls about the program. This year, I expect to see a very noticeable increase in the applications for the Weatherization Assistance Program both during and after this winter.

Q: How does the program work and who qualifies?

A: The weatherization program is a nationwide program funded by the U.S. Department of Energy. The Michigan Department of Human Services oversees the program in the state, and counties and community action agencies run the program at the local level.

The free program was created in 1976 to assist qualified, low-income families who cannot pay for energy efficiency improvements. Counties also use grants to serve a wider variety of income groups.

Qualified residents must earn less than 150 percent of the federal poverty level. The program serves homeowners and renters. For example, a family of four would need to have an income less than \$29,025 to qualify. A senior citizen living alone would need to have an annual income of \$14,355 or less.

Q: What does the program offer?

A: It includes installing insulation in attics, walls and basements or foundation areas, sealing doors, windows or other cracks to prevent air from entering into homes and installing energy efficient compact fluorescent light bulbs or new energy efficient refrigerators to save electricity. It also includes replacing windows and doors on mobile homes to make them energy efficient.

Q: How many people have you helped so far?

Q: How many people have you helped so far?

A: In Washtenaw County we have weatherized over 2,000 homes since we started operating the program in the late 1970s. We have funding this year to serve 113 homes, about \$344,000. We have helped many different clients from families to senior citizens on fixed income. Last year, the program helped 95 homes.

Q: Does weatherization work and does it save money?

A: The calculated national rate of return on each dollar invested in the weatherization program is \$1.48 over the life of the improvement. Weatherization reduces average annual energy costs by

\$218 a household, and that's at last year's prices. Some of our clients say they notice an immediate difference in the comfort level in their homes.

From an environmental standpoint, small improvements can add up. Over 5 million homes have been weatherized since the inception of the program. Savings between 2000-2001 is estimated at \$1 billion.

Q: What can homeowners who don't qualify for the program do to improve the energy efficiency of their homes?

A: In rough order of importance the following improvements will have the greatest impact on energy savings.

Sealing or filling large air leaks around the house, especially cracks between the living area and the attic.

Adding more insulation to the attic. Our program recommends attic insulation totaling between R-30 and R-38 for southeast Michigan. The higher the "R" value the more energy saved.

If exterior walls are not insulated, a weatherization contractor could drill through the siding or brick to blow loose cellulose insulation into the empty wall stud cavities.

A programmable thermostat can save energy and money. For every degree lowered on the thermostat, it can result in a 1 percent reduction in fuel usage.

Another very important consideration is to change the furnace filter regularly, preferably once a month. Also be sure that duct registers are not covered by furniture or rugs. The harder a furnace has to work to circulate air the less efficiently it will operate.

Putting plastic over large leaky windows can be helpful if done properly. Installing new windows will help save energy, especially when replacing single pane with double pane windows.

Q: Where can residents find help?

A: For information on how to apply for the Weatherization Assistance Program that serves Washtenaw County, call (734) 544-2948, or e-mail henderss@ewashtenaw.org.

For more information on how to improve energy efficiency, go online to www.eere.energy.gov/consumer/tips/

Khalil E. Hachem can be reached at khachem@annarbornews.com or (734) 482-3225.

'Miracle' CROP Walk total tops \$100,000

Monday, October 17, 2005

By Greg Chandler
The Grand Rapids Press

HOLLAND -- Betty Voskuil considers it "a miracle" that year's Holland-Zeeland CROP Walk was able to top the \$100,000 mark for the 18th consecutive year.

A wintry weekend mix of 35-degree temperatures, gusty winds and rain drove down participation this year for the annual walk. "That was probably the worst weather we've had in 25 years of CROP Walk," said Voskuil, president of the Holland Area Hunger Coalition. However, the 800 or so hardy souls that turned out for the two days of walks in April came through with their fundraising efforts, raising \$108,498 for the battle against hunger, both locally and around the world. The figure is down about \$10,000 from last year's walk, but, given the weather conditions, walk organizers are thrilled.

"We have a lot of people who are committed to making a difference in our hungry world," Voskuil said.

In the 25-year history of the Holland-Zeeland CROP Walk, walkers have raised about \$2.8 million for hunger relief. The local walk has been the largest of any in the state of Michigan for 22 consecutive years, and annually ranks among the five largest in the country.

On Friday, representatives from nine local organizations that provide food to needy families in the area received checks totaling \$27,124, representing 25 percent of the funds raised during CROP Walk. The funds come at an important time for those organizations, as they are facing increased requests for assistance.

"The need (at our agency) has been up since 2000, with people needing food, needing support," said Mark Tucker, executive director at Community Action House.

In 2000, about 2,700 area families received food assistance through Community Action House. Since then, that number has ranged between 3,600 and 4,000 families, Tucker said.

The other 75 percent of the funds raised go to Church World Service, an ecumenical organization.

Next year's walk will take place the weekend of April 29-30, with the Saturday walk originating from Holland Christian High School and the Sunday "family walk" at Beechwood Reformed Church.

Homeless

To the editor:

The passing phrase in a substantial article such as Kurt Hauglie's on homelessness (Sept. 19) often whisks by some great question. The observation that "people recently released from mental institutions" are often homeless does not explore why.

Some readers might assume that for these people "mental illness" caused their homelessness. They do not think the "treatment," or the time, effort and money (particularly if one retains an attorney) expended to keep one's physical and mental freedom might, in whole or in part, be the cause.

The disruption of this struggle and the commitment that follows it may force one out of a dorm room or apartment. What is euphemised as "hospitalization" may cause one to lose one's job and its paycheck, and that is before the possibility of a viciously cynical system forcing one to pay for "hospitalization" in much the same way as some local law enforcers (who are not subjected to psychiatric examination for this practice) would force one to pay for the privilege of being jailed. The practical consequences of confinement may cause one to miss rents and mortgage payments.

And this doesn't even take into account the emotional and even spiritual trauma of an incarceration that may have attendant tortures, such as electroshock therapy or the forcible administration of dangerous drugs.

Do the courts, psychiatrists and psychiatric nurses care about any of this? Did the Gestapo, (or) the KGB care about the wounds they sliced through peoples' lives? The indifferent "mental health system" chalks it up to "mental illness" and not to the part that their harassment, persecution, cynicism and even cruelty play.

Their propaganda and power aggrandizement continue. The system whereby a person may be locked up for his thoughts and then stripped of essentially all civil rights is already based on dehumanization, so why should we worry that the person already subjected to a virtual civil death, this nonperson, has nowhere to sleep?

It might even be that the reality enforcers deliberately use this marginalization against their enemies. The panhandler and the hobo are reduced to details, another distracting noise on our way to work as we clutch a latté.

At best, they are viewed patronizingly as "wise." They can afford that luxury; we have to work for a living. Their terrible rants against "reality" can be comfortably ignored.

CHEVALIER DANIEL C. BOYER
Houghton

New fund to aid Lapeer County's women in need

LAPEER CITY

THE FLINT JOURNAL FIRST EDITION
Monday, October 17, 2005

By James L. Smith
jmsmith@flintjournal.com • 810.766.6365

LAPEER - A word-of-mouth campaign took just weeks to find 100 local women interested in founding and donating to a women's fund through the Lapeer County Community Foundation. To become a founding member of the LCCF, participants were asked to contribute \$500 over the next five years, said Janet Manning, the group's executive director. The option was to contribute \$500 up front or \$100 annually in the next five years.

Lois Shaffer of Metamora, who was familiar with a similar women's fund in Rochester, contacted Manning to see if there was interest in starting a similar organization here.

"We did it in about three months," said Gaye Butterfield, chairperson of the steering committee. "It took off very quickly, and we look forward to the good things we are going to do in the future."

The goal of the new women's fund is to provide minigrants for emergencies facing the area's women and children, Manning said.

The group received a grant from the Business and Professional Women chapter in Lapeer so it would have money for some initial minigrants, Butterfield said.

Nearly half the members put up the \$500 immediately. The fund now has about \$30,000, putting it considerably ahead of its goal of having \$50,000 by 2010, Manning said.

Founding members range from women in their 30s to their 80s, Manning said. One of the initial goals of the new organization, she said, was a representation across generations.

The LCCF, which became independent of the Community Foundations of Greater Flint in January, holds about \$6.2 million of funds from 30 area school and charitable organizations. School districts, such as Lapeer and North Branch, keep scholarship endowments with the fund, as do other organizations like the United Way.

Pooling the funds allows for reduced administration costs - about 1 1/2 percent of the annual investment yields - and provides incentives for a higher return on all the funds, said Manning, who is the fund's sole employee.

The fund will act as a last resort for women who have been unsuccessful in receiving short-term help from other government or charitable organizations.

In one case, the Rochester organization helped a woman with past-due rent after her husband died of leukemia and she gave birth to the couple's baby in the same month, Manning said.

The first help in Lapeer is expected to go to a woman to pay for lumber to build a wheelchair ramp for a handicapped adult child, Manning said. Volunteers already have agreed to build the ramp for the woman.

For women who missed out on being founders, an opportunity exists to join the Friends of the Women's Fund group.

An annual founders luncheon will keep members up-to-date on what needs the fund is meeting, Manning said.

Donations to the fund are tax deductible and are eligible for a Michigan tax credit, Manning said.

People may donate to any of the 30 funds administered by the organization or make an unrestricted gift to the general fund.

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B.C. to consider 'living wage' ordinance

Chris Springsteen

The Battle Creek Enquirer

The city of Battle Creek is considering imposing a minimum wage law on companies and organizations that receive tax dollars through the city government.

The Battle Creek City Commission is scheduled Tuesday to consider introducing a so-called living wage ordinance that would compel some companies to pay their employees at least \$10.19 per hour.

The ordinance would apply to companies who receive, in any 12-month period, more than \$50,000 in contracts or \$10,000 in grants, including tax abatements and federal Community Development Block Grant funds.

Nonprofits with fewer than 10 employees and for-profit companies with fewer than five employees would be exempt from the ordinance. Additionally, any company covered by the city's current prevailing wage ordinance would be exempt.

Prevailing wage requires contractors doing construction projects funded with public money to pay a wage that is equal to levels common to where the project is being completed.

Living wage laws, however, generally are based on economic indicators, including the poverty line, and broader than prevailing wage.

"The living wage ordinance for me comes from the understanding that too many people in Battle Creek live in poverty," said Commissioner Ryan Hersha, who requested the ordinance be put on the commission agenda. "There are people who can't afford to get ahead. I feel it is simply wrong for a city to be giving tax breaks to companies without the simple assurance that the work being done with the money we are giving them is being completed at more than a poverty wage."

According to the 2000 Census, 7,446 people, or 14.4 percent of the city's population, were living in poverty in Battle Creek. In 2000, a family with four people making less than \$17,050 annually was classified as living in poverty.

Hersha said the \$10.19 figure was based on how much a person must make to not be eligible for food stamps.

About a dozen city, county or township governments in Michigan have living wage laws, including Ann Arbor, Detroit, Ypsilanti and Lansing.

Jim Hettinger, president and chief executive officer of Battle Creek Unlimited, said he applauds Hersha's efforts to address poverty in Battle Creek, but cautioned that a living wage ordinance could negatively impact the city's ability to attract new businesses.

"When site selection committees send out questionnaires about a community, they usually ask if there is a living wage ordinance," Hettinger said. "Whether it is justified or not, they measure the existence of one as a negative attitude toward business in the community."

"Having said that, there is a trend on the east and west coasts of adopting living wage ordinances."

A living wage ordinance is not anti-business, Hersha said.

If you go

WHAT: Battle Creek City Commission meeting.

WHEN: 7 p.m. Tuesday.

WHERE: City Hall, 10 N. Division St.

"The money families receive from these jobs goes back into the local economy, which helps local business," he said.

Assistant City Manager Ken Tsuchiyama said the city has not had enough time to thoroughly investigate the ramifications of the proposed ordinance.

"There is a lot of info, pro and con, out there," he said. "We have to figure out what is realistic and reasonable out there. It's not so much reading what's out there, but reading through the spin."

Commissioner Steve Franklin said he does not need to investigate the subject to approve of it.

"There's an issue of scruples here," he said. "Do I want to do business with a company that pays its employees so little they have to use food stamps?"

Chris Springsteen covers Battle Creek City Hall and Emmett Township. He can be reached at 966-0676 or at csprings@battlecr.gannett.com.

Originally published October 17, 2005

Cash-short charity suspends deliveries

Monday, October 17, 2005

By Ted Roelofs
The Grand Rapids Press

Two months ago, In The Image delivered free furniture to more than 200 needy Kent County families. Scheduled deliveries this month: Exactly none.

Budget cuts and dwindling donations forced the Grand Rapids charity to suspend that service this month. It has laid off six of its 13 employees since January as it scrambles to sustain its mission. "The need isn't going away," Executive Director Paul Haagsman said. "You are amazed at the amount of need, the poverty that is increasing in Kent County."

It is a problem that faces other West Michigan charities as they try to do more with less, while donors in a tough economy find it hard to give as they would like.

Haagsman -- like other charity officials -- wonders whether West Michigan will overlook growing needs at home while donors are galvanized by more distant natural disasters, such as Hurricane Katrina and the Asian earthquake.

"You see it right there, displayed in technicolor," he said of those disasters. "Here, it's much more hidden. It's harder to see the poverty in our own community."

Census estimates for 2004 found that 10.4 percent of county residents lived in poverty, including 14.2 percent of children. For female-headed households with no husband present, the poverty rate was 20.3 percent.

Earlier this year, Heartside Ministry in Grand Rapids laid off its program coordinator as it tried to balance a \$13,000 deficit.

Barb Pekich, executive director of the 23-year-old agency, said tough choices are becoming routine for charities.

"People have often reached the point where they are tired of homelessness and poverty," she said. "I am worried that people will reach the point where they say, 'I've done enough. I can't do that anymore.'"

Pekich said finances at Heartside Ministry are "pretty stable right now," thanks in part to the hiring of a development director paid for by a grant from the Grand Rapids Community Foundation.

But she noted church donations are down about \$5,000 this year, another sign of stress in the social safety net.

"Even churches that you often don't hear of struggling have tight budgets," she said.

At Heart of West Michigan United Way, President Robert Haight concedes it remains hard to raise charity funds in this economic climate. The agency has set a \$14.4 million 2005 goal, \$400,000 above last year.

He hopes donors will be inspired by the wrenching images of those left behind in New Orleans to remember their own community.

"From that perspective, it did increase awareness that in our country, despite all our resources, we still have poverty. We still have economic disparity," Haight said.

Haagsman said it's easy to forget in the mass of poverty statistics that each one represents a real person with real hardships.

He expects to resume furniture deliveries in November, but only 60 to 80 per month. It's all he can do with current staff even though he figures demand might be three or four times that.

That means households like that of Grand Rapids resident Martell Hughes will go wanting. A few months ago, Hughes, 39, was at her job as a nursing home activities assistant when fire roared through her rental home, destroying all her furniture. She was at a loss about where to turn.

In The Image delivered a sofa, a dining room table, clothing, dressers and beds for herself and her five children.

"This got me back on my feet. It was really wonderful," Hughes said.

She wonders what will happen to those who are not so fortunate.

"I really don't know what I would have done without it," she said.

Salvation Army to open Ann Arbor store 2 years after Ypsilanti closure

Donation center is already open

Saturday, October 15, 2005

BY LIZ COBBS

Ann Arbor News Staff Reporter

The Salvation Army's Family Thrift Store is back. This time it's located in Ann Arbor. The grand opening for The Salvation Army's newest store at 1621 S. State St. at Stimson Street, is scheduled for Oct. 22. The store also has a donation center, which is already open. The building, across the street from the University of Michigan Golf Course, previously housed a bookstore and the Ann Arbor PTO Thrift Shop, which moved to another location over the summer.

The Salvation Army is leasing the building, said Merle Miller, administrator for The Salvation Army's Detroit-based Southeast Michigan Adult Rehabilitation Centers, which operates the thrift stores.

"We're looking forward to having a store here," Miller said. "We've been looking for a place in Ann Arbor for years."

The Salvation Army operated a family thrift store in the city of Ypsilanti at 50 Ecorse Road for three years but it closed in October 2003.

Miller said at that time that The Salvation Army had been subletting the Ypsilanti store from Goodwill. When the sublet agreement expired, The Salvation Army could not pay the total rent on its own, he said.

Since 2003, donors could drop off small items at The Salvation Army of Washtenaw County's Ann Arbor office on Arbana Drive. For larger items, such as furniture, donors had to either arrange for a pickup or had to take it to the closest donor center, which is in Romulus.

Proceeds from the family thrift stores support The Salvation Army's five adult rehabilitation centers for men with substance abuse problems. The centers also operate The Salvation Army's Red Shield trucks, which pick up donated items from houses and collect items from drop-off sites.

Miller said that with the upcoming store opening in Ann Arbor and the opening of a new location in Sterling Heights over the summer, the centers now operate thrift stores and donation centers in Oakland, Macomb, Washtenaw and Wayne counties.

Hours for the donation center in Ann Arbor are 9 a.m.-5 p.m. Monday-Friday and 11 a.m.-5 p.m. Saturday.

Liz Cobbs can be reached at lcobbs@annarbornews.com or (734) 994-6810.

Lansing State Journal

October 15, 2005

Poverty on rise

Thousands of Michigan families earn less than the poverty level, \$16,000 a year. These working families cannot get health insurance through work and are struggling just to put food on the table and a roof over their heads.

Cutting Medicaid and food stamps pushes them further behind. Tax cuts are optional; health care, housing and food are not. The "economic recovery" missed Michigan's workers, who are slipping down the economic ladder. The number of poor in our state and nation has risen consistently since 2001. Detroit is now the poorest city in the country.

Keep Congressmen Mike Rogers and Joe Schwarz accountable for the Bush administration's plan to take food from children and medicine from the poor in order to pad the pockets of their wealthy friends. If Rogers and Schwarz care for Michigan, they will stand up for the working poor, and vote against Bush's next budget.

Christina Riddle
Okemos

Michigan Report

October 17, 2005

DEROCHE, SIKKEMA NAME WELFARE REFORM WORKGROUP

With a December 31 deadline looming on regulations regarding the state's welfare to work programs, House Speaker Craig DeRoche (R-Novi) and Senate Majority Leader Ken Sikkema (R-Wyoming) announced on Friday they had named a workgroup to advise the Legislature on other changes to the system.

Co-chairs of the bipartisan, bicameral group will be Rep. Jerry Kooiman (R-Grand Rapids) and Sen. Bill Hardiman (R-Kentwood).

The other House members will be Rep. Tom Pearce (R-Rockford), Rep. Rick Shaffer (R-Three Rivers) and Rep. Chris Kolb (D-Ann Arbor).

Senate members of the workgroup will be Sen. Shirley Johnson (R-Troy), Sen. Alan Cropsey (R-DeWitt) and Sen. Irma Clark Coleman (D-Detroit).

The group is supposed to make proposals to the Legislature before the December 31 date. In the budget decisions made last month, lawmakers agreed to both address welfare benefits and new efforts to bring "residents to self-sufficiency."

Republicans Name Welfare Task Force

Today, House Speaker Craig **DeROCHE** (R-Nov) and Senate Majority Leader Ken **SIKKEMA** (R-Wyoming) named participants in a work group to study and advise the Legislature on welfare reform efforts for Michigan.

Regulations regarding Michigan's welfare-to-work program expire on Dec. 31. The work group will make recommendations to amend this Act prior to the sunset date. During recent budget negotiations, an agreement was reached to address welfare benefits and ensure progress toward bringing residents to self-sufficiency.

"People trapped on welfare are people trapped in poverty," DeRoche said. "This work group is designed to take a hard look at how our welfare system is structured and recommend what we can do as a state to help poorer residents find and keep a good job."

"Helping people until they become self-sufficient is what the social safety net was designed to do," Sikkema said. "This work group will look to make sure that safety net hasn't taken a larger role than was ever intended."

Rep Jerry **KOOIMAN** (R-Grand Rapids), and Sen. Bill **HARDIMAN** (R-Kentwood) have been pegged to serve as co-chairmen of the work group. Other House members are Reps. Tom **PEARCE** (R-Rockford), Rick **SHAFFER** (R-Three Rivers), and Chris **KOLB** (D-Ann Arbor).

Senate members are Sens. Shirley **JOHNSON** (R-Troy), Alan **CROPSEY** (R-DeWitt), and Irma **CLARK-COLEMAN** (D-Detroit).

The work group is expected to propose its legislative changes this fall.